

# **APPLICATION FOR PERMIT TO ESTABLISH AND OPERATE A PROJECT TO RECHARGE, STORE AND RECOVER WATER UNDERGROUND**

THIS SPACE FOR OFFICE USE ONLY

Date of filing in State Engineer's Office \_\_\_\_\_

Returned to applicant for correction \_\_\_\_\_

Corrected application filed \_\_\_\_\_ Map filed \_\_\_\_\_

The applicant \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_

Street and No. Or P.O. Box No

City and Town

\_\_\_\_\_ hereby makes application to establish and operate a project

State and Zip

code No.

to recharge, store and recover water underground. (If applicant is a corporation, give date and place of incorporation; if a copartnership or association give names of members.).....

1. Area of active management ground water basin or ground water sub-basin that project will be operated in: \_\_\_\_\_

2. Name and address of the owner of the land on which the applicant proposes to operate the project:

3. Legal description of the location of the proposed project: \_\_\_\_\_

4. Statement of:

a. Financial soundness to operate project.

b. Technical capability to operate project. \_\_\_\_\_

5. State the source, quality and annual quantity of proposed recharge water:

a. Source: \_\_\_\_\_

b. Quality: \_\_\_\_\_

c. Annual Quantity: \_\_\_\_\_

6. State the Quality of the receiving water: \_\_\_\_\_
- \_\_\_\_\_
7. The legal basis for acquiring and using the water proposed to be recharged: \_\_\_\_\_
- \_\_\_\_\_
8. General description, capacity and plan of operation of proposed projects: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
9. A copy of a study that demonstrates:
- a. Area of hydrologic effect on the project. Title: \_\_\_\_\_
  - \_\_\_\_\_
  - b. That the project is hydrologically feasible. Title: \_\_\_\_\_
  - \_\_\_\_\_
  - c. That the project will not cause harm to users of land and water within the area of hydrologic effect. Title: \_\_\_\_\_
  - \_\_\_\_\_
  - d. The percentage of recoverable water. Title: \_\_\_\_\_
  - \_\_\_\_\_
10. The proposed duration of the permit: \_\_\_\_\_
11. Additional supporting information: \_\_\_\_\_

**TELEPHONE NUMBER**

(.....) .....

By .....

Signature, applicant or agent

Street and No., or P.O. Box No.

City, State, Zip code No.

**APPLICATION MUST BE SIGNED BY THE APPLICANT OR AGENT**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Notary

Public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_, 20\_\_\_\_

**\$2,500 FILING FEE MUST ACCOMPANY APPLICATION**